


<b>CHARGE OF DISCRIMINATION</b> <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented to:    Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> FEPA</span> <span>433-2021-01930</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> EEOC</span> </div>	
<div style="text-align: right;">_____ and EEOC</div> <div style="text-align: center; font-size: small;">State or local Agency, if any</div>			
Name (indicate Mr. Ms. Mrs.) <b>Ms. LaTrek Jones</b>		Home Phone (Incl. Area Code)    Date of Birth <div style="display: flex; justify-content: space-between;"> <span></span> <span style="background-color: black; width: 100px; height: 1.2em;"></span> </div>	
Street Address <div style="background-color: black; width: 100px; height: 1.2em;"></div>		City, State and ZIP Code <div style="background-color: black; width: 150px; height: 1.2em;"></div>	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name <b>Wake County Sheriff's Office</b>		No. Employees, Members    Phone No. (Include Area Code) <div style="display: flex; justify-content: space-between;"> <span>100+</span> <span>(919) 856-6900</span> </div>	
Street Address <b>330 S Salisbury St., Raleigh, NC 27601</b>		City, State and ZIP Code	
Name		No. Employees, Members    Phone No. (Include Area Code)	
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).)  <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> RACE   <input type="checkbox"/> COLOR   <input type="checkbox"/> SEX   <input type="checkbox"/> RELIGION   <input type="checkbox"/> NATIONAL ORIGIN</span> <div style="text-align: right;">             DATE(S) DISCRIMINATION TOOK PLACE              Earliest                      Latest                 01/16/2021           </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> RETALIATION   <input type="checkbox"/> AGE   <input checked="" type="checkbox"/> DISABILITY   <input type="checkbox"/> OTHER (Specify below.)</span> <span><input type="checkbox"/> CONTINUING ACTION</span> </div>		DATE(S) DISCRIMINATION TOOK PLACE Earliest                      Latest 01/16/2021	
THE PARTICULARS ARE (If additional paper is needed, attached extra sheet(s)): Charging Party, LaTrek Jones, is a former employee of Respondent, Wake County Sheriff's Department ("Respondent"). Her son is a person with a disability requiring Ms. Jones' assistance. Respondent was aware of her responsibilities regarding the need to care for her son and grew tired of allowing her time off to care for him. On two separate performance reviews – reviews that demonstrated that she was performing her job well – her leave was referenced with a negative connotation. Respondent's supervisor denied Ms. Jones two days off in December 2020 to take her son for his previously scheduled, routine medial treatment. Time off that had been approved by her supervisor ahead of time. It was only after she contacted Human Resources that the Sheriff approved the two days off. However, he told Charing Party that it would not be good for her if they ever had to have a conversation about missing work again.  The Respondent was aware that Ms. Jones would continue to require periodic time off to care for her son and it acted to get rid of the problem and she was terminated on January 16, 2021 based on her association with her disabled son.  Respondent's actions are in violation of the Americans with Disabilities Act Amendments Act, 42 U.S.C. § 12101 et al. in that Respondent took Ms. Jones' son's disability as a factor in its decision to terminate her.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY – When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.   <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">             May 21, 2021              _____              Date           </div> <div style="text-align: center;">               _____              Charging Party Signature           </div> </div>		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT   SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	